



ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF CHILD SUPPORT ENFORCEMENT  
(602) 252-4045 P.O. BOX 40458 PHOENIX, ARIZONA 85067

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

RE: ATLAS Case Number \_\_\_\_\_ - \_

**Non-Custodial Parent Request for Recalculation of Arrears**

I have received and reviewed the court order/debt information sent to me on \_\_\_\_\_.  
Date

I do not agree with the arrears/debt balance provided by DCSE about my case because:

*(Please list all the reasons why you believe the amount of arrears contained in DCSE records may be incorrect. Provide as much detail as possible to substantiate your claim.)*

- ( ) The court order does not reflect the new obligation; court order attached
- ( ) A physical change in custody was made; the court order is attached.
- ( ) DCSE does not have a complete pay history; payment history attached.
- ( ) Direct payments were made to the custodial parent; copies of canceled checks or an affidavit of direct pay from the custodial parent is attached.
- ( ) The child emancipated due to: court order, marriage or death; documentation attached.
- ( ) This child(ren) have been adopted; documentation of the adoption is attached.
- ( ) I have enclosed proof that I am not the non-custodial parent of the child(ren) indicated and do not owe the obligation, as someone is using my social security number. A statement alleging my claim of mistaken identity is attached.

( ) Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor's/Non-Custodial Parent Signature

*(If necessary please use the reverse side of this document to indicate your reasons for your request for a recalculation.)*